

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90074 026 ***150.00

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DOCUMENT # P01000040953

1. Entity Name
HANSON HAMS INC.

Principal Place of Business

Mailing Address

**12051 NW 20TH ST
 PLANTATION FL 33323**

**12051 NW 20TH ST
 PLANTATION FL 33323**

2. Principal Place of Business

11941 W. Sunrise Blvd

Suite, Apt. #, etc.

3. Mailing Address

11941 W. Sunrise Blvd

Suite, Apt. #, etc.

City & State

Plantation, FL

City & State

Plantation FL

4. FEL Number

65-1099534

Applied For

Not Applicable

Zip

33323

Country

USA

Zip

33323

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COVELLO, JODY H

12051 NW 20TH ST

PLANTATION, FL FL 33323

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **HAGLUND, HEATHER**
 STREET ADDRESS **12051 NW 20TH ST 1855 NW 96th Ave**
 CITY-ST-ZIP **PLANTATION FL 33323 33322**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** ☐ Delete
 NAME **COVELLO, JODY H**
 STREET ADDRESS **12051 NW 20TH ST**
 CITY-ST-ZIP **PLANTATION FL 33323**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Heather Haglund Heather Haglund President 1-21-02 954-424-4266**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

11/01/2002